MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/●7629

FILING DATE

APPLICANT(S)

9/25/06 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1				1	52						
3		1				1	53						
4						1	54						
5						1	55						
6						1	56						
7						1	57						
8							58						
9							59						
10			1				60						
11					1		61						
12						1	62						
13							63						
14					1		64						
15						1	65						
16						1	66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3		2		TOTAL IND.						
TOTAL DEP.			7		3		TOTAL DEP.						
TOTAL CLAIMS			10		5		TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)